

688 East Chad Ranch Road Veyo, Utah 84782-4141 (435) 574-9300 USA 1-800-776-2206 FAX (435) 574-9333 fellerstone@fellerstone.com

5/053/046 5/053/024 5/053/023 5/023/027 5/023/027 5/027/027 5/027/026 5/045/032 5/003/044

February 27, 2001

Mr. D. Wayne Hedberg
Permit Supervisor
State of Utah
Department of Natural resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
P. O. Box 145801
Salt Lake City, Utah 84114-5801

RE: Annual Mining Reports for Year 2000

Dear Mr. Hedberg:

Enclosed you will find the <u>Annual Report of Mining Operations</u> for the various mines we are involved in. I apologize for the delay in getting them to you. A member of our staff, who had the computer knowledge to provide us the numbers we needed, passed away last year. We didn't realize that he was involved in this and it took some time for us to be able to gather the information. Now that we have been able to find his secret, we will be able to do it in a more timely fashion in the future.

Please call if you have any questions.

Sincerely,

P. V. Edwards

Manager, Office Operations FELLER STONE, INC.

RECEIVED

MAR 0 2 2001

DIVISION OF OIL, GAS AND MINING



MAR 0 2 2001

DIVISION OF OIL, GAS AND MINING

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple - Suite 1210 Box 145801 'Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291

Fax: (801) 359-3940

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

I.	Gene	ral Information		
	1.	Report Time Period: From (mo./yr.) Jw. 2000 To (mo./yr.) Jw. 2001		
	2.	DOGM File Number (Mine No): 5 /530/024		
	3.	Mine Name: NAVATO SAMPSTONE - IMMUTIVE (LOST LEASE)		
	4.	Mineral(s) Mined (or permitted to mine): Shunston E		
	5.	Type of mine		
	6.	Legal Description (Location of Lands Affected):		
		1/4,1/4,1/4, Section, Township, Range		
		1/4,1/4,1/4, Section, Township, Range		
		1/4,1/4,1/4, Section, Township, Range		
7.	Name of Operator or Company: FELLER HOLDING (FELLER STONE)			
	8.	Permanent Street Address: 688 E. CHAD RANCH ROAD		
		City, State, Zip: VEYD, UTAH 84782.4141		
		Phone: (435) 574-9300 Fax: (435) 574-9333		
	9.	Company Representative (or designated operator):		
		Name: RUSSELL C. FELLER		
		Title: PRE .		
		Business Address: 688 E. CHAD RANCH ROAD		
		City, State, Zip: VEYD, UTAH 84782-4141		
		Phone: (435) 574-9300 Fax: (435) 574.9333		
		Please check if any of the above information has changed since previous year.		
II.	Mini	ng and Reclamation		
	1.	Was there any mine related activity during the past year? Yes □ No		
	2.	If no - what was the last year of activity?		
	3	If yes - how much ore or mineral was mined?		

4.	Briefly describe the type of work performed, volume of material moved, and any new or additional surface disturbances that occurred during the past year.			
		54		
		*		
5.	How much additional acreage v	vas disturbed during the past year?		
6.	How much acreage was reclaimed during the past year?			
7.	7. Briefly describe the reclamation work performed during the past year. This descript should include methods employed, and an evaluation of the results.			
		&		
8.	What is the <u>total</u> disturbed acre	age of entire project at years end?		
9.	Briefly summarize any mining and/or reclamation plans for the upcoming year.			
		R		
	IMAUTUE: NO D	LAUS TO ALTIMATE		
NOTE:	Section III., "Additional Informat	tion" applies only to large mining operations.		
III. Additiona	al Information			
1.	An updated surface facilities map sh the previous map was submitted.	ould be attached if there have been significant changes since		
2.	Any monitoring results or other repointention should also be attached.	rts that are required under the terms of the approved notice of		
IV. <u>Signatur</u>	re Requirement			
I her	reby certify that the foregoing is	true and correct.		
	Name (Typed or Print):	rever stave the		
	Title of Operator:	Russer C. Regions		
	Signature of Operator:	sunder told		
	Date:	2.70,01		
jb				